

Issue Classification			Application No. 09/820,856	Applicant(s) CANNELL ET AL.
			Examiner JYOTHSNA A VENKAT	Art Unit 1615

ORIGINAL			CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
424	702	424	7013					
INTERNATIONAL CLASSIFICATION								
A 61	K 7 109							
A 61	K 7 111							
	/							
	/							
	/							
(Assistant Examiner) (Date)			JYOTHSNA VENKAT PRIMARY EXAMINER GROUP 1500/1600				Total Claims Allowed: 112	
(Legal Instruments Examiner) (Date)			(Primary Examiner)	(Date)	O.G. Print Claim(s) 1,9	O.G. Print Fig. —		

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	31	13	61	41	91	70	121
2	32	14	62	42	92	71	122
3	33	15	63	43	93	72	123
4	34	16	64	44	94	73	124
5	35	17	65	45	95	74	125
6	36	18	66	46	96	75	126
7	37	19	67	47	97	76	127
8	38	20	68	48	98	77	128
9	39	21	69	49	99	78	129
10	40	22	70	50	100	79	130
11	41	23	71	51	101	80	131
12	42	24	72	52	102	81	132
13	43	25	73	53	103	82	133
14	44	26	74	54	104	83	134
15	45	27	75	55	105	84	135
16	46	28	76	56	106	85	136
17	47	29	77	57	107	86	137
18	48	30	78	58	108	87	138
19	49	31	79	59	109	88	139
20	50	32	80	60	110	89	140
21	51	33	81	61	111	90	141
22	52	34	82	62	112	91	142
23	53	35	83	63	113	92	143
24	54	36	84	64	114	93	144
25	55	37	85	65	115	94	145
26	56		86		116	95	146
27	9	57	87	66	117	96	147
28	10	58	88	67	118	97	148
29	11	59	89	68	119	98	149
30	12	60	90	69	120	99	150

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ORIGINAL		CROSS REFERENCE(S)							
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
INTERNATIONAL CLASSIFICATION									
			/						
			/						
			/						
			/						
			/						
(Assistant Examiner) (Date)								Total Claims Allowed:	
(Legal Instruments Examiner) (Date)								O.G. Print Claim(s)	O.G. Print Fig.
(Primary Examiner) (Date)									

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
211		241		271		331	
212		242		272		332	
213		243		273		333	
214		244		274		334	
215		245		275		335	
216		246		276		336	
217		247		277		337	
218		248		278		338	
219		249		279		339	
220		250		280		340	
221		251		281		341	
222		252		282		342	
223		253		283		343	
224		254		284		344	
225		255		285		345	
226		256		286		346	
227		257		287		347	
228		258		288		348	
229		259		289		349	
230		260		290		350	
231		261		291		351	
232		262		292		352	
233		263		293		353	
234		264		294		354	
235		265		295		355	
236		266		296		356	
237		267		297		357	
238		268		298		358	
239		269		299		359	
240		270		300		360	